



SANUM Therapy of Exocrine Pancreatic Insufficiency

A report from the practice

By Arne Felix, natural health practitioner



In June of last year Ms Cr. T. from NMS came to see me for the first time, suffering from severe meteorism and chronic acholic diarrhoea. Although she had been taking the highest doses of a pancreatic enzyme preparation, the persistent painful flatulence despite various diets always reached its peak one hour after a meal. As a result of the prolonged malabsorption of food, the patient had lost a considerable amount of weight.

The mildly cachectic patient showed in the physical examination that the gallbladder and the stomach were extremely sensitive to palpation. The abdomen was full of gas with dominating loud rumbling peristaltic sounds with the auscultation.

The blood count was normal with the exception of a threshold BSR of 12/20 and a slightly increased total cholesterol value of 274 mg/dl.

The exocrine pancreatic insufficiency, which had been assured by laboratory diagnosis with a pancreatic elastase value of 67 µg/g, could be iridologically confirmed. In addition there was cholecystopathy, which was in line with the acholic stools reported in the history.

The patient had undergone numerous therapies before she came to me, including treatment with enteric bacteria preparations prescribed by a naturopathic physician. My own treatment attempts, in which I used, among other things, complex homeopathic drugs, enzyme preparations and medicines prepared with enteric bacteria, were definitely unsuccessful and sometimes led to paradoxical

results, meaning that the patient's condition deteriorated under the above-mentioned medication.

Because of the acholic stools I then prescribed Momordica D4 and Chelidonium D4 as single remedies. As a result the patient had "a catastrophic weekend". After the administration of these homeopathic drugs, Ms T. suffered from intense pain in the upper right quadrant of the abdomen. The meteorism was more severe than usual and the stool completely discoloured.

Since no cause for the development of pancreatic insufficiency had yet been determined, and as the stools were acholic, it could be assumed that there might be an – at least paroxysmal – obstruction of bile ducts. I contacted her family physician, who was extremely cooperative and immediately initiated a CT of the abdomen.

However, the report only indicated the presence of numerous hepatic cysts which did not obstruct the bile ducts. Due to the paradoxical reactions to the previous therapy attempts, I decided to treat this patient from now on almost exclusively with preparations from SANUM-Kehlbeck.

Starting in October 2001 the patient was treated with the following medication:

- for three days oral intake of : 3 drops of FORTAKEHL 5X in the morning and 3 drops of PEFRAKEHL 5X in the evening.
- for the next three days : 3 times daily 3 drops of SANKOMBI 5X

- afterwards again FORTAKEHL and PEFRAKEHL, and so on.

Treatment with this alternating medication was maintained for 6 months. I decided to use the relatively low dosage because the patient had previously reacted so sensitively to drug treatment.

I accompanied the therapy by weekly auricular acupuncture (Shenmen, pancreas, small intestine, autonomous nervous system (point 51, inflammation, bile), which I extended to the body as with anorexia nervosa.

A few weeks after the start of treatment and after checking the acid-base balance, I prescribed ALKALAN (morning and noon) and SANUVIS (noon and evening) as additional treatment.

The patient gained 3 kg under this treatment scheme and her state of health improved continuously. She told me that she had visited her family physician "just for fun" to find out if her laboratory values had also improved. She discovered that pancreatic elastase was again in the normal range with 252 µg/g!

After her doctor had given our patient this positive news, he had asked her "This Felix, what's he like? How old is Mr. Felix?".

First published in the German language in the SANUM-Post magazine (61/2002)

© Copyright 2002 by Semmelweis-Institut GmbH, 27318 Hoya (Weser), Germany

All Rights Reserved